



CITY OF LACONIA
APPLICATION FOR FIREWORK DISPLAY LICENSE

(PLEASE PRINT OR TYPE)

Name or Organization Sponsoring Display: _____ Phone # _____

Address: _____

Is the sponsoring organization a charitable or not for profit organization? _____ yes _____ no

Name of person or company furnishing fireworks: _____

Address of person or company furnishing fireworks: _____

Name of operator of display: _____ Telephone # _____

Operator's Address: _____
Number Street City State Zip

Is the operator licensed by the State of NH? _____ yes _____ no

License # and expiration date: _____

Date when fireworks will be displayed: _____ Time of display: _____

Exact location where fireworks will be displayed: _____

Owner of property where fireworks will be displayed: _____

Do you have permission from the owner of the property? _____yes _____no (attach written permission)

Have you filed a State application and received the Laconia Fire Chief's approval as required by RSA 160-A?

_____ yes _____ no **(attach signed application)**

(FOR CITY USE ONLY)

Application Fee: _____ Received on (date): _____ By: _____

Licensing Board Approval (date): _____ License Expires on: _____

Insurance Certificate Attached: _____ yes _____ no

Special Conditions of Approval: _____

